

CITY OF EASTHAMPTON

Human Resources Department

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ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING Sexual Harassment Policy

I hereby acknowledge that I have received a copy of the City of Easthampton's policy on sexual harassment and have had an opportunity to review it and the opportunity to ask any relevant questions pertaining to its contents.

I understand that I have the right to work in an environment free from sexual harassment; I have the responsibility not to engage in behaviors that constitute sexual harassment; and if I feel I am being harassed, I have the right and responsibility to communicate this directly to the appropriate party.

I, the undersigned, understand it is my responsibility to be familiar with and adhere to the provisions of these policies.

EMPLOYEE PRINTED NAME	3
EMPLOYEE SIGNATURE	
DATE	

Note: A copy of this acknowledgment form will be placed in the employee's personnel file.